

## **Breastfeeding and Breast Care**

### **Breastfeeding**

Breastfeeding is one of the best things that you can do for your baby. The American Academy of Pediatrics recommends exclusive breastfeeding until 6 months to one year of age. Breastfeeding is a learned skill and may require a bit of patience and a lot of practice, especially in the first few weeks after delivery. During pregnancy you may want to take a class on breastfeeding to help you prepare for the nursing. After delivery, the hospital nurses will assist you with breastfeeding. Each hospital also has specially trained nurses called Lactation Consultants who can help you with breastfeeding and any problems you may have.

There are multiple advantages of breastfeeding for both the mother and the baby. One of the closest bonds that a mother has with her baby is her ability to provide all the nutrition needed for the baby's growth and development. Breastfeeding is convenient because it can be done at any time without the need for a lot of preparation. Breastfeeding is also very economically advantageous as formula can be very expensive. Research has shown that breastfeeding mothers may have a lower incidence of breast cancer. Breast milk usually provides all the nutrients needed by infants during the early weeks and months of life. Breastfed babies have fewer upper respiratory infections, ear infections, allergies, and other health problems. The newest research also reveals that breastfed infants have a lower risk of obesity in later life.

### **Taking Care of your Breasts**

Like the other areas of your body, your breasts need careful attention as you heal from your delivery and begin to breastfeed. Keep these suggestions in mind:

- Wash your breasts each day with plain warm water. If necessary, you may use a very mild soap solution no more than once a day to avoid dry, cracked nipples.
- Always allow your nipples to air dry. It is not necessary to rub your nipples to "toughen" them prior to nursing.
- Avoid rubbing alcohol, lotions, and strong soaps as they can make your nipples dry and irritated.
- If you feel discomfort in your nipples or breasts, you can soothe them with warm compresses or ice packs. Gently spreading breast milk over the areola and letting it air dry may help to prevent and soothe irritation.
- Be careful that your breasts do not become engorged or overfilled with milk. Be sure that your infant empties each breast when nursing. Be sure, also, that you nurse throughout the day, but do not pump excessively as this may lead to overstimulation of the breast and cause your milk supply to increase even more.
- Gently massage any breast lumps to prevent clogged milk ducts. You may also apply warm moist compresses to these areas.

## **Breastfeeding and Breast Care (Cont'd)**

### **Taking Care of your Breasts (Cont'd)**

- Contact your provider if your breasts are very tender or sore, if you notice persistent swelling or persistent lumps/masses in the breast, if your nipples burn when you breastfeed, if your nipples become cracked, or if you develop a breast rash.
- Keep up with your monthly breast self-examinations. It is best to do the exam right after you have nursed so that your breasts are empty and any lumps will be easier to feel.
- Contact your provider if you have any questions about breast examinations or general breast health.

### **Breastfeeding Tips**

Correct breastfeeding helps you avoid sore nipples and helps your baby get enough milk, avoid swallowing air bubbles, and feel comfortable while nursing. Signs of correct breastfeeding include:

- Hearing your baby's swallow, but not any clicking or sucking sounds
- Seeing your baby swallowing, but you shouldn't see dimpling in the cheeks when nursing
- Feeling a gentle tugging at the nipple, but no pain after the first few minutes of feeding (if you do feel pain, it may mean that the baby is not positioned properly, or that the baby's latch is incorrect.)
- Your baby should appear calm and relaxed during and after feeding
- After you are used to it, nursing should not cause your or the baby anxiety

### **More tips for successful nursing:**

- Your baby's mouth should form a tight seal. The baby's mouth should be wide-open and the lips should be against the areola (the dark area around your nipple), not just over the nipple itself.
- If your baby is latched on incorrectly, slide a finger between your baby's lips and your breast to gently break the suction. Then remove him or her from your breast and try to reposition.
- You should nurse as long as your baby wants; usually from 10 to 30 minutes. At first, your newborn will probably want to nurse many times in a 24-hour period, though not for very long at any one time.
- It is important for the health of your breasts to have your infant feed from both breasts at every feeding.
- Your baby has a natural instinct to nurse from your breast and a natural appetite for breast milk. Be sure that your baby is nursing well and taking all of your milk.
- After feeding, you should also try to burp your baby, too. It is important to know that some breastfed babies may not burp after feedings. So don't try to burp him or her for a prolonged period of time if you don't hear burping after a few minutes.

## **Breastfeeding and Breast Care (Cont'd)**

### **Helping your infant “Latch On”**

Latch-on is the most important part of breastfeeding. It occurs when the baby correctly “attaches” to the breast during a feeding and milk released from the milk sinuses (milk ducts). The baby’s mouth should be wide-open and his or her gums should cover as much of the areola as possible. Discomfort or pain while breastfeeding usually means that the infant is not latching on to the breast properly. To help your baby latch on to your nipple correctly:

- Rely on the baby’s natural reflexes, and be patient! Gently touch your nipple to the baby’s lips. Wait for his or her mouth to open and for the tongue to extend
- Your baby’s tongue must extend over the lower jaw to form a soft pad that will hold and support your nipple during nursing.
- Do not allow your child to latch on until the tongue is extended. You do not want your child to suckle with both jaws clamped around your nipple.
- Make sure that you hold your baby correctly. Your baby’s head should face your breast straight on, with the open mouth forming a wide seal against the areola. An infant who is not held securely may clamp too tightly to the nipple or may pull away from the nipple which may lead to soreness.
- You should feel a gentle tugging at your nipple, but no pain. Correct breastfeeding should not be painful.
- When the baby properly latches on, the nipple is stretched and the milk is ejected toward the back of the baby’s mouth.

### **How Often & How Much?**

Every baby’s appetite is different. Some babies like to snack often; others prefer longer, less frequent feedings. Your first feeding should be shortly after delivery (within the first hour) since this is when the baby will be most active. Breastfed newborns need to be fed frequently- about every 2 to 3 hours, especially during the day. During the night, feedings can be less frequent- about every 4 to 5 hours if the infant is sleeping. In the first weeks, try not to go more than about 5 hours without nursing. An average newborn should feed around 8 to 12 times in a 24 hour period.

It is not necessary to keep a strict feeding schedule, as long as you take care to nurse as often as your baby is hungry. Try to remember that you are feeding a baby, not a clock. However, you will want to be sure that you allow adequate time on each breast during every feeding, usually about 5 to 15 minutes depending on your milk supply and the baby’s eating habits.

It is normal for a newborn to lose as much as 10% of its birth weight during the first few days after birth while it begins to grow and gets used to breastfeeding. Many pediatricians will want to see your baby during its first week and then again at 2 weeks of age to be sure that he or she is eating well and has gained enough pounds to be back to birth weight. One way to gauge whether

## **Breastfeeding and Breast Care (Cont'd)**

### **How Often & How Much? (Cont'd)**

your baby is eating enough is to monitor soiled diapers. Your pediatrician will help you to determine guidelines for this.

It is important to feed your baby in order to ensure an adequate milk supply. The stimulus of the baby nursing will cause your body to release hormones that result in milk production. It is almost never necessary to add formula, sugar solution, or water to the feeding schedule of a breastfed baby. Do not give your baby anything but breast milk without talking to your baby's health care provider first.

You can expect your baby to go through several growth spurts. You will notice that he or she is hungrier than usual and gains weight faster during these periods. These growth spurts can come at any time but commonly occur when the baby is 3 to 5 days old, 10 to 14 days old, 6 weeks old, 12 weeks old, and 6 months old

### **Burping your Baby**

Burp your infant after nursing at each breast to get rid of any air he or she may have swallowed. To burp, hold your child against your shoulder and gently tap or rub his or her back for a minute or two. You don't need to try to burp for longer than that, even if the child hasn't burped.

Breastfed babies have less trouble with swallowed air than do bottle-fed babies, and they don't need to burp as often. You may want to put a cloth on your shoulder to protect your clothing since your baby may spit up some milk while being burped.

### **Nursing a Sleepy or Restless Baby**

If your baby is asleep when it is time to nurse, wake the child gently. Wait for signs of a light sleep, such as eye movements, facial twitches, or sounds. Pick up the infant and gently stroke until she or he is awake. Other ways to help wake your baby include changing its diaper, doing umbilical cord care, removing his or her clothing, and/or massaging its back or feet until it is fully awake.

Sometimes your baby will fall asleep while nursing. If this happens, you can gently rub his or her cheek or move your child to another position. The movement may encourage your baby to stay awake and finish nursing. Be sure that the baby is correctly latched onto the breast after any movement so as not to cause breast irritation.

At other time, your infant may be restless. Try undressing your child and holding its naked skin against your own. Gentle rocking and speaking or singing may also have a calming effect. It is important to avoid playing with or exciting your baby at night, and try to feed when he or she awakens or cries. This will help your baby learn to sleep through the night much sooner, which will make a big difference in your energy level during the day.

## **Breastfeeding and Breast Care (Cont'd)**

### **Potential Breastfeeding Problems**

#### **Nipple Soreness**

Many new mothers experience some nipple soreness in the first few days of nursing, especially at the start of each feeding session. Do not let this discomfort stop you from nursing because missed feedings can lead to breast engorgement. If your baby is latching on properly to your nipple and areola, the soreness should pass in about week. If you have persistent soreness you may want to see a lactation specialist because one of the most common causes of nipple soreness is an improper latch.

It may help to express breast milk onto the areola after feeding and allow the nipples to air dry. A small amount of lanolin may be applied to the areola to help prevent and heal dry or cracked nipples. Do not clean or treat your nipples with harsh soap, alcohol- based preparations or lotions because these can actually increase soreness and dryness. Instead, try applying a warm, moist cloth or a small ice pack to your nipple before feeding to soothe any discomfort.

Taking a small amount of nonprescription pain medication 30 to 45 minutes before nursing can also ease any pain and make nursing more rewarding. Be sure to discuss any medication use with your health care provider first.

#### **Engorgement**

Your breasts may become so full of milk- engorged- that they become swollen and very tender. If your breasts are engorged, your milk will flow very slowly, your breasts may feel uncomfortable or painful, and you may run a low grade fever. To help prevent engorgement:

- Start nursing as soon after delivery as possible- in the first hour or two after delivery
- Nurse your baby as often as he or she is hungry, and make sure that the baby nurses from both breasts at each feeding.
- Make sure that your infant empties each breast.
- It is a good idea to try different breastfeeding positions so that your baby's mouth latches on to the breast from different angles and to help your baby to take all of your milk.
- Make sure that your bra does not squeeze too tightly or have an underwire which may lead to clogged ducts.
- Soften the areola and milk glands in the breasts by applying a warm, moist cloth before nursing. You may also want to gently massage your breasts at the beginning of each feeding to help with milk let-down.
- Expose your nipples to the air a few minutes before feeding, especially if your areola is swollen or hard to the touch.

## **Breastfeeding and Breast Care (Cont'd)**

### **If your breasts do become engorged:**

- Keep nursing or expressing milk to relieve the pressure and soften the breast. You may need to pump at the beginning of a feeding to allow your baby to latch-on easier to softer breast tissue.
- Keep applying warm compresses to your breast to soothe the discomfort before feeding. You may also want to use ice packs or cold washed cabbage leaves to help bring down the swelling.
- If the pain is severe, talk with your lactation consultant or health care provider to see if you should be evaluated.

### **Mastitis**

Mastitis is an infection of the breast which may result from an unresolved clogged duct or could begin spontaneously. Early signs include breast redness, warmth to the touch, and/or masses or lumps which can be felt in the breast. Breastfeeding mothers with mastitis will often develop flu-like symptoms including fever, body aches, and severe fatigue. If you notice symptoms which might be mastitis you should notify your provider immediately. You will be started on antibiotics and be instructed to rest, push fluids, and take acetaminophen for fever and pain. You should finish all of your medicines even if you start feeling better.